

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3618** STATE FILE NUMBER **-63-013073**

FILED APR 8 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) ST. LOUIS		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 4266 SANFRANCISCO		d. STREET ADDRESS (If outside, give location) 4266 SANFRANCISCO	

3. NAME OF DECEASED (Type or print) LEO F. BUERGES		4. DATE OF DEATH Month MARCH Day 27 Year 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-5-90
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK		10b. KIND OF BUSINESS OR INDUSTRY RETAIL	
13a. FATHER'S NAME W. BUERGES		13b. MOTHER'S MAIDEN NAME FRANCES SCHERER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W. W. I		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT BERNICE BUERGES		Address 4266 SANFRANCISCO	
14. NAME OF HUSBAND OR WIFE ELIZABETH		12. CITIZEN OF WHAT COUNTRY U S A	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) Coronary Vascular Disease DUE TO (c) 331X		INTERVAL BETWEEN ONSET AND DEATH 3 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from 1960 to 3/26/63 and last saw him alive on 3/26/63 Death occurred at 4: A m. of the date stated above, and to the best of my knowledge, from the causes stated.		

22. SIGNATURE (Deceased or informant) [Signature]	22b. ADDRESS 730 Hadumont Ave.	22c. DATE SIGNED 3/28/63
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3-30-1963	23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY
24. FUNERAL DIRECTOR STROOT CARROLL 4600 NATURAL BRIDGE		25. DATE RECD. BY LOCAL REG. MAR 29 1963
26. REGISTRAR'S SIGNATURE [Signature]		

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

VS 300 Rev. 4/59	1	2	3	4	5	6	7	8	9	10	11	12	13
		2/10/62		0	2		0	2				90-0	90

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730 HODIAMONT

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ST. LOUIS

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ST. LOUIS, MO.

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ST. LOUIS, MO.

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1901-20-00

ST. LOUIS

ST. LOUIS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

M W R meter

Licensed Embalmer No. _____

4865

P. O. Address _____

St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

1901-20-00

ST. LOUIS

ST. LOUIS, MO.